2016 Service Academy Academic Recommendation Form

Please type or print the required information

Principal or Guidance Counselor

This form must be completed by either a high school principal or guidance counselor. Please note that the completion of the recommendation form is a requirement for consideration for a nomination. Type or print and return your completed form to the applicant in a sealed envelope with your signature across the seal.

The following information must be included as it is an integral part of the service academy candidate's application. If your school does not rank students, please provide an accurate estimate of the applicant's class standing and an appropriate rank.

Name of Applicant			
	Last	First	Middle
Year in School			
Class Rank (mark one)	Does Not Rank	(rank #) of _	(class size)
○Top 5%	Top 10%	%	% Selow 25%
Weighted <i>or</i> Un-weigh	nted GPA (circle one and m	ark one below)	
○ _{4.5 & Higher} ○ _{3.7-4.4} ○ _{3.6-3.4} ○ _{3.3-3.2} ○ _{3.1-3.0} ○ _{Below 3.0}			
SAT Composite SAT Math SAT Reading			
ACT Composite ACT English ACT Math ACT Reading ACT Science			
Additional Academic Criteria (mark all that apply) O Honors O AP Classes O IB Program O AICE			
Please use the following	ng scale to rate the application	ant's abilities	
		Excellent Goo	d Fair Poor
Leadership characteris	stics		
Personality traits			
Ability to get along with and work well with others			
Ability to work under pressure			
Ability to take criticism	m		
Attendance, punctuality, and dependability			
Overall assessment of	candidate		
General Comments:			
Date:		Signature:	
Title: School:			